



HAWAII STATE ETHICS COMMISSION
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THIS SPACE FOR OFFICE USE ONLY

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ACLU

STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME (Last)		(First)	(Middle)	TELEPHONE
Grant		Kit		522-5900
MAILING ADDRESS (Street)				FAX
P.O. Box 3410				522-5909
(City)		(State)	(Zip Code)	
Honolulu		HI	96801	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
MAILING ADDRESS (Street)				FAX
(City)		(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
American Civil Liberties Union of Hawaii			522-5900
MAILING ADDRESS (Street)			FAX
P.O. Box 3410			522-5909
(City)		(State)	(Zip Code)
Honolulu		HI	96801
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)		(State)	(Zip Code)

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input checked="" type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | <u>CIVIL LIBERTIES</u> |
| | | | <u>CIVIL RIGHTS</u> |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Kit Grant

(Signature of Lobbyist)

1/26/07

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Vanessa Y. Chong

NAME OF ORGANIZATION (if applicable)

American Civil Liberties Union of Hawaii

TELEPHONE

522-5900

MAILING ADDRESS (Street)

P.O. Box 3410

FAX

522-5909

(City)

Honolulu

(State)

HI

(Zip Code)

96801

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

Vanessa Y. Chong

(Signature of Authorizing Officer or Person Represented)

01/26/07

(Date)